

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522768 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/	/			
2		/	/				52		/	/			
3		/	/				53		/	/			
4		/	/				54		/	/			
5		/	/				55		/	/			
6		/	/				56		/	/			
7		/	/				57		/	/			
8		/	/				58		/	/			
9		/	/				59		/	/			
10		/	/				60		/	/			
11		/	/				61		/	/			
12		/	/				62		/	/			
13		/	/				63		/	/			
14		/	/				64		/	/			
15		/	/				65		/	/			
16		/	/				66		/	/			
17		/	/				67		/	/			
18		/	/				68		/	/			
19		/	/				69		/	/			
20		/	/				70		/	/			
21		/	/				71		/	/			
22		/	/				72		/	/			
23		/	/				73		/	/			
24		/	/				74		/	/			
25		/	/				75		/	/			
26		/	/				76		/	/			
27		/	/				77		/	/			
28		/	/				78		/	/			
29		/	/				79		/	/			
30		/	/				80		/	/			
31		/	/				81		/	/			
32		/	/				82		/	/			
33		/	/				83		/	/			
34		/	/				84		/	/			
35		/	/				85		/	/			
36		/	/				86		/	/			
37		/	/				87		/	/			
38		/	/				88		/	/			
39		/	/				89		/	/			
40		/	/				90		/	/			
41		/	/				91		/	/			
42		/	/				92		/	/			
43		/	/				93		/	/			
44		/	/				94		/	/			
45		/	/				95		/	/			
46		/	/				96		/	/			
47		/	/				97		/	/			
48		/	/				98		/	/			
49		/	/				99		/	/			
50		/	/				100		/	/			
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	35	←		←
TOTAL CLAIMS							TOTAL CLAIMS			36			